LAW OFFICES OF GARY T. AKA 12930 Saratoga Avenue, Suite D1 Saratoga, California 95070 (650) 564-9888	Amendment Attorney Docket No	19705-000100US
In re application of: Bulent Dervisoglu et al.	Date:	July 5, 2001
Application No.: 09/275,726	I hereby certify that th	is is being deposited with the United States

Application No.: 09/275,726 Filed: March 24, 1999

Group Art Unit: 2133

For: ON-CHIP SERVICE PROCESSOR FOR TEST AND

DEBUG OF INTEGRATED CIRCUITS

THE ASSISTANT COMMISSIONER FOR PATENTS Washington, D.C. 20231

Sign	ad.

Sir:

TOTAL

INDEP.

[] FIRST PRESENTA

Transmitted herewith is an amendment in the above-identified application.

ии ₹3 2001

Postal Service as first class mail in an envelope addressed to:

Enclosed is a petition to extend time to respond.

Small entity status of this application under 37 CFR 1.9 and 1.27 has been established this application under 37 CFR 1.9 and 1.27 has been established the statement [X] previously submitted.

If any extension of time is needed, then this response should be considered a petition therefor.

The filing fee has been calculated as shown below:

(Col. 1)

(Col. 2)

(Col. 3)

SMALL ENTITY

Assistant Commissioner for Patents

Washington, D.C. 20231

OTHER THAN **SMALL ENTITY**

CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		ESENT		RATE	ADDIT. FEE
* 22	MINUS	** 22	=	0		x \$9.00 =	
* 3	MINUS	*** 3	=	0		x \$40.00 =	
PRESENTATION C	F MULTIPI	LE DEP. CLAIM				+ \$135.00 =	
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RATE	ADDIT. FEE
x \$9.00 =	
x \$40.00 =	
+ \$135.00 =	
TOTAL ADDIT. FEE	

	Olinted Elviii				
OR	RATE	ADDIT. FEE			
	x \$18.00 =				
	x \$80.00 =				
	+ \$270.00 =	·			
OR	TOTAL				

- If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, then write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

	[]	No fee is due.		
Please c	harge De	eposit Account No as follows:		
	[]	Claims fee	\$	\$0.00
		Any additional fees associated with this paper or during the pende	ncy of th	is application.
1	_extra co	ppy of this sheet is enclosed.		

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